

**Testimony of James Fazio
Before the Appropriations Committee
IN OPPOSITION TO:
HB 7027
An Act Making Adjustments to State Expenditures
To the Department of Mental Health and Addiction Services
February 23, 2017
James Fazio, Windsor, Connecticut**

Good evening Senators Olsen and Formica, Representative Walker and distinguished members of the Appropriations Committee.

My name is James Fazio and I am a registered voter in the town of Windsor, Connecticut. I am in strong opposition to severe budget cuts to the Regional Mental Health Boards, to the Department of Mental Health and Addiction Services, and any mental health services and supports.

By creating a \$ 1.2 million reduction, this would essentially eliminate the Regional Mental Health Boards. Together with the Regional Action Councils they bring in \$ 23 million dollars in federal funds to the State. For 41 years, these unique agencies have been a vital liaison between the state, local communities and providers on diverse mental health initiatives, concerns and opportunities.

The Regional Mental Health Boards were created 40 years ago by the Connecticut Legislature and are still, now more than ever, relevant today. The Boards conduct needs assessments, evaluate the behavioral health service system (which is mandated by State Statute 17a-483-4), provide equal representation of stakeholders, and engage and educate the community about mental health. They allow persons in recovery, family members, mental health providers, concerned citizens, town officials and social workers to meet and discuss what improvements should be made to mental

health services in Connecticut. The Regional Mental Health Boards operate on a low budget, with an average of 2 staff members and 500 volunteers state wide. The Regional Mental Health Boards are the community's voice and provide independent oversight of mental health services delivery.

I personally volunteer as secretary on one of the Regional Board's Catchment Area Councils, or CACs. I have witnessed improvements in mental health service delivery in the Local Mental Health Authorities. First, there was integration of services and easier access. Now, a holistic approach to mental health is being adopted. Persons with mental health issues often have physical illnesses and issues as well. It is now easier for consumers of mental health services to access a dentist or medical doctor, which often requires finding one who accepts state medical insurance, since many consumers' incomes are near the poverty level. One fellow CAC member was able to help start a new bus line in her town, which allows many persons without personal transportation to get around town, buy food, or access medical services, etc. These are some examples of how the Regional Mental Health Boards directly improved the quality of life for mental health consumers as well as other town residents. We need the Regional Mental Health Boards.

Programs whose funding would be subject to the proposed \$4.7 million cut grant funding for mental health, substance abuse, and employments services would impact residential, housing, outpatient, employment, case management, and social rehabilitation services in my community. These were already impacted by significant

cuts from last year's budget session. Also, Legal Services (CLRP) that help people stay in housing are in jeopardy with this budget.

I also work for Community Health Resources at one of their DMHAS funded clubhouses. My job is to provide clubhouse members with nutritious meals at reduced cost. I fear that cuts to the DMHAS budget may have a detrimental impact on my job and the clients I serve.

Let our State continue to be a leader in state-of-the art mental health treatment. I urge the Appropriations Committee to please oppose DMHAS budget cuts and not allow these cuts to be passed into law. I would like to thank the entire Appropriations Committee for hearing my testimony.